

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES & STANDARDS
BUREAU OF CODE SERVICES
ASBESTOS CONTRACTOR/WORKER PROGRAM
P O BOX 816
TRENTON, NEW JERSEY 08625-0816

ASBESTOS CONTROL AND LICENSING ACT, N.J.S.A. 34:5A – 32, ET SEQ.

APPLICATION FOR PERMIT

EACH APPLICANT IS REQUESTED TO VOLUNTARILY PROVIDE HIS OR HER SOCIAL SECURITY NUMBER IN HIS OR HER PERMIT APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.S.A. 34:5A - 32 et. seq.

EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMMISSIONER'S COMPUTERIZED RECORDKEEPING SYSTEM TO AID IN THE PROCESSING OF PERMIT APPLICATIONS.

EACH SOCIAL SECURITY NUMBER COLLECTED SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF COMMUNITY AFFAIRS.

(TYPE OR PRINT LEGIBLY IN INK, ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM)

SOCIAL SECURITY NO.: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ AGE: _____ SEX OF APPLICANT: M/F _____ HEIGHT: _____
MO DA YR FEET INCHES

WEIGHT: _____(0) UNDER 120 POUNDS
CHECK _____(1) 121 TO 140 POUNDS
ONE _____(2) 141 TO 160 POUNDS
PLEASE _____(3) 161 TO 180 POUNDS
_____ (4) 181 TO 200 POUNDS
_____ (5) 201 TO 220 POUNDS
_____ (6) OVER 220 POUNDS

EYE COLOR: _____(1) BLACK
CHECK _____(2) BROWN
ONE _____(3) GREY
PLEASE _____(4) BLUE
_____ (5) HAZEL (LIGHT BROWN TO YELLOW)
_____ (6) GREEN
_____ (7) OTHER (NOT OTHERWISE INDICATED)

HOME TELEPHONE NUMBER: _____

DO YOU HAVE A VALID MOTOR VEHICLE DRIVER'S LICENSE? YES _____ NO _____

IF "YES" ABOVE, INDICATE STATE: _____ DRIVER LICENSE NO: _____

PRIOR TO THE FILING OF THIS APPLICATION, HAVE YOU SUCCESSFULLY COMPLETED AN ASBESTOS TRAINING COURSE APPROVED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES? Y___ N___

IF "YES" ABOVE, WORKER: _____ OR SUPERVISOR: _____ NAME OF AGENCY: _____

COURSE LOCATION: _____ DATE COMPLETED: _____ NUMBER OF HOURS: _____

HAVE YOU TAKEN AND PASSED THE WRITTEN DEPARTMENT OF HEALTH AND SENIOR SERVICES EXAMINATION WITH A SCORE OF 70 OR BETTER?

DATE OF WORKER EXAM: _____ WHAT WAS YOUR SCORE: _____ (ATTACH A COPY)

DATE OF SUPERVISOR EXAM: _____ WHAT WAS YOUR SCORE: _____ (ATTACH A COPY)

IN ORDER TO ISSUE YOU AN INITIAL PERMIT YOU MUST **PROVIDE TWO (2) RECENT** RECOGNIZABLE AND IDENTICAL, COLOR PASSPORT SIZE PHOTOGRAPHS TAKEN AGAINST A WHITE BACKGROUND OR BACKDROP (**DO NOT WEAR WHITE T-SHIRTS OR SHIRTS ON A WHITE BACKGROUND OR BACKDROP**). YOU'RE ENTIRE FACE BEING NOT LESS THAN THREE-QUARTERS OF AN INCH IN WIDTH. YOU MUST NOT BE WEARING A HAT, DARK GLASSES OR ANY OTHER ITEM WHICH MAY ALTER OR DISGUISE YOUR FACIAL FEATURES IN THE PHOTOGRAPHS. DO NOT CUT YOUR PICTURES TO SIZE. **APPLICATIONS RECEIVED WITH PHOTOGRAPHS TOO SMALL FOR THE BADGING SYSTEM WILL BE RETURNED.**

PHOTOCOPIES ARE NOT ACCEPTABLE. PLEASE WRITE YOUR NAME ON THE BACK OF YOUR PHOTOGRAPHS. **DO NOT PRESS HARD ON THE BACK OF THE PHOTOGRAPHS.**

PLEASE INDICATE TO NAME AND ADDRESS OF YOUR PRESENT EMPLOYER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHAT IS YOUR POSITION WITH THIS EMPLOYER: _____

APPLICANT STATEMENT

THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IS SUCH INFORMATION CONTAINED IN THIS APPLICATION IF FALSE, I AM SUBJECT TO THE PENALTY PROVISIONS UNDER THE ASBESTOS CONTROL AND LICENSING ACT, P.L. 1984, c. 173, AS AMENDED AND SUPPLEMENTED BY P.L. 1994, c.21.

I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO VERIFICATION AND I AGREE TO PROVIDE ANY ADDITIONAL DOCUMENTATION AS REQUIRED.

I AGREE THAT OUTSIDE SOURCES MAYBE CONTACTED TO VERIFY THE INFORMATION I HAVE GIVEN IN THIS APPLICATION AND I DO HEREBY GIVE MY PERMISSION FOR DISCLOSURE OF ANY INFORMATION WHICH MAY BE NEEDED TO DETERMINE THE VALIDITY OF THIS PERMIT APPLICATION AND/OR MY PERMIT ELIGIBILITY.

SIGNATURE OF PERMIT APPLICANT

DATE

THE PERMIT IF GRANTED SHALL BE ISSUED FOR A ONE (1) YEAR PERIOD. A FEE OF \$50.00 FOR A WORKER PERMIT AND A FEE OF \$75.00 FOR A SUPERVISOR PERMIT MUST BE ENCLOSED WITH THIS APPLICATION FOR PERMIT.

(CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO THE **TREASURER STATE OF NEW JERSEY**)